

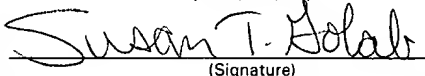
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A

Atty. Dkt. No. 060545/0456

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lenihan
Title: TOY KITCHEN SET WITH
REPOSITIONABLE ISLAND
Appl. No.: Unknown
Filing Date: Unknown
Examiner: Unknown
Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Washington, D.C. 20231.	
EL246272221US (Express Mail Label Number)	November 1, 2000 (Date of Deposit)
Susan T. Golab (Printed Name)	
 (Signature)	

UTILITY PATENT APPLICATION
TRANSMITTAL

Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Gary G. Lenihan

Enclosed are:

- ☒ [X] Specification, Claim(s), and Abstract (14 pages).
- ☒ [X] Informal drawings (5 sheets, Figures 1-9).
- ☒ [X] Declaration and Power of Attorney (3 pages).
- ☒ [X] Assignment of the invention to The Little Tikes Company.
- ☒ [X] Assignment Recordation Cover Sheet.
- ☒ [X] Check in the amount of \$40.00 for Assignment recordation.
- ☐ [] Small Entity statement.
- ☐ [] Information Disclosure Statement.

[] Form PTO-1449 with copies of ___ listed reference(s).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$710.00	\$710.00
Total Claims:	20	- 20	= 0	x \$18.00	= \$0.00
Independents:	4	- 3	= 1	x \$80.00	= \$80.00
If any Multiple Dependent Claim(s) present:			+	\$270.00	= \$0.00
				SUBTOTAL:	= \$790.00
[] Small Entity Fees Apply (subtract ½ of above):					= \$0.00
				TOTAL FILING FEE:	= \$790.00

- [X] A check in the amount of \$790.00 to cover the filing fee is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1450. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1450.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

November 1, 2008
 FOLEY & LARDNER
 One IBM Plaza
 330 North Wabash Avenue
 Suite 3300
 Chicago, Illinois 60611-3608
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 Facsimile: (312) 755-1925

By

Michael D. Rechtin
 Michael D. Rechtin
 Attorney for Applicant
 Registration No. 30,128

This certificate is attached to a 3 page (# of pages) document entitled
Declaration and PoA for dealing with _____
dated 10/31/00.

ACKNOWLEDGEMENT CERTIFICATE



State of Ohio
County of Summit

On this 31 of October, 2000, Gary H. Lenehan (Person
acknowledging) personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____
☐ whose identity I proved on the oath/affirmation of _____, a
credible witness

to be the signer of the attached instrument, and he/she acknowledged that he/she
signed it.

Melores K. Hannah
Signature of Notary Public

Name of Notary printed, typed, or stamped.

Notary Public, State of Ohio

My Commission Expires _____

My Commission Expires
January 11, 2004